
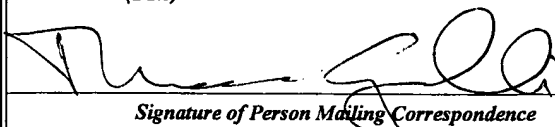


2857
enw

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 15251	
Applicant(s): Takechiyo Nakamitsu, et al.					
Application No. 10/071,578	Filing Date February 8, 2002	Examiner Carol S.W. Tsai	Customer No. 23389	Group Art Unit 2857	Confirmation No. 2668
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; margin-right: 10px;"> DIPE APR 25 2005 <small>UNITED STATES PATENT & TRADEMARK OFFICE</small> </div> <div> Invention: MEDICAL SYSTEM CONTROL APPARATUS, AND METHOD FOR DEALING WITH TROUBLE WITH THE MEDICAL SYSTEM CONTROL APPARATUS </div> </div>					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	63 -	63 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	12 -	12 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ <i>Signature</i>			Dated: April 21, 2005		
Thomas Spinelli Registration No. 39,533 Scully, Scott, Murphy & Presser 400 Garden City Plaza-Suite 300 Garden City, New York 11530 516-742-4343			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <div style="text-align: center;"> April 21, 2005 _____ (Date) </div> <div style="text-align: center; margin-top: 20px;">  _____ <i>Signature of Person Mailing Correspondence</i> </div> <div style="text-align: center; margin-top: 5px;"> Thomas Spinelli _____ <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>		
TS:dg cc:					



PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):	Takechiyo Nakamitsu et al.	Examiner:	Carol S. W. Tsai
Serial No:	10/071,578	Art Unit:	2857
Filed:	February 8, 2002	Docket:	15251
For:	MEDICAL SYSTEM CONTROL APPARATUS, AND METHOD FOR DEALING WITH TROUBLE WITH THE MEDICAL SYSTEM CONTROL APPARATUS	Dated:	April 21, 2005

Confirmation No.: 2668

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE

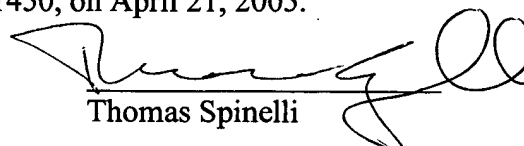
Sir:

In response to the Official Action dated January 21, 2005, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks:

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 21, 2005.

Dated: April 21, 2005


Thomas Spinelli